



# NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT FORM

## CONTACT INFO

Name:		Beacon Number:
Personal Mailing Address:		
Phone:	Employment Status:	
Email:	Work Location:	
Division:	Position Title:	
Facility:	Work Hours:	
Immediate Supervisor:		

## TYPE OF COMPLAINT

<input type="checkbox"/> Discrimination	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Workplace Harassment	<input type="checkbox"/> Other (Please Specify)

## BASIS OF CHARGE

<input type="checkbox"/> Race	<input type="checkbox"/> Sex	<input type="checkbox"/> Political affiliation
<input type="checkbox"/> Religion	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> National Guard or veteran status
<input type="checkbox"/> Color	<input type="checkbox"/> Gender identity or expression	<input type="checkbox"/> Genetic information
<input type="checkbox"/> National origin	<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Disability
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Age (40 or older)	

Provide the name and title of the individual(s) you are filing the complaint against:

## DATE OF ALLEGED EVENT OR ACTION

Date:

## DESCRIPTION OF THE COMPLAINT

Must provide a narrative description of the complaint and what happened, date(s) of alleged incident(s), names of persons involved, any witnesses, including their full names, positions and work locations, if known.



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**DESCRIPTION OF THE COMPLAINT continued**

Supporting documentation may be faxed to **(919) 716-3958**. Please include your full name, work location and contact number.

**RESET**

**SUBMIT**

Thank you for your submission.